

## **INSTRUCTIONS**

*Print clearly. Optional entries are used to simplify the data entry/retrieval process.*

### **BLOCK    INSTRUCTIONS**

1. Certification Specialty (one per form). See MWI 3410.1, Personnel Certification Program.
2. Employee name.
3. Organization code (NASA mail code or contractor company name).
4. Employee telephone number.
5. Employee e-mail address.
6. Employee UUPIC (optional).
7. Supervisor name and e-mail address.
8. Supervisor organization code.
9. Supervisor telephone number.
10. Experience (years/months) in Certification Specialty.
11. List crane numbers or forklift class. Check N/A if not applicable.
12. Individual signs.
13. Individual dates.
14. Supervisor signs. (Note: Supervisor should not sign before the employee.)
15. Supervisor dates. (Note: Supervisor should not add date before the employee signs.)
16. Proficiency Examiner signs. (Note: Examiner must be on the Industrial Safety Branch Safety Proficiency Examiner List.) Also, attach proficiency test.
17. Proficiency Examiner dates.
18. Contractor Certifying Officer signs — **for contractor employees only**. (Note: Contractor Certifying Officer name must be on the Safety Certifying Officer list.)
19. Contractor Certifying Officer dates.
20. MSFC Certifying Officer signs.
21. MSFC Certifying Officer dates.
22. MSFC MAF Certifying Officer signs
23. MSFC MAF Certifying Officer dates.

**DO NOT SUBMIT THIS FORM TO THE MEDICAL CENTER**

**TEMPORARY PERSONNEL CERTIFICATION**  
(Not to Exceed One Year)

Initial Certification ☐

Recertification ☐

*This certificate is issued to allow the candidate to complete training during the upcoming year. The candidate is temporarily certified to perform the following certification specialty for a 1-year period.*

1. Certification:

2. Full Legal Given Name:

3. Organization Code:

4. Telephone Number:

5. Individual E-mail Address:

6. UUPIC (Optional):

7. Supervisor Name and E-mail Address:

8. Organization Code:

9. Telephone Number:

10. Experience in Certification Specialty:

11. Specify Crane Number(s) or Forklift: ☐ N/A

**INDIVIDUAL STATEMENT OF UNDERSTANDING**

*I understand the importance of performing the above specialty/skill in a manner that will not damage hardware or injure personnel.*

12. Signature:

13. Date:

**SUPERVISOR STATEMENT**

*This employee has met the requirements listed above. I hereby recommend certification.*

14. Supervisor Signature:

15. Date:

**OTHER CERTIFICATION REQUIREMENTS**

16. Examiner Signature:

17. Date:

**CERTIFICATION OFFICER APPROVAL STATEMENT**

*I have reviewed the above information and approve the individual's certification.*

18. Contractor Certifying Officer Signature:

19. Date:

20. MSFC Certifying Officer Signature:

21. Date:

22. MSFC MAF Certifying Officer Signature:

23. Date:

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